

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

APPLICANT/ST

09/491694

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	INO.	DEP.	INO.	DEP.	INO.	DEP.
1						
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49						
50						
TOTAL INO.	5					
TOTAL DEP.	32					
TOTAL	37	122125	122125	122125	122125	122125

	INO.	DEP.	INO.	DEP.	INO.	DEP.
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100						
TOTAL INO.						
TOTAL DEP.						
TOTAL	37	122125	122125	122125	122125	122125